



PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE,  
SEE INSTRUCTIONS.

Ovals must be filled in completely. Example: For the year January 1–December 31, 2004 or other taxable year beginning \_\_\_\_\_, 2004, ending \_\_\_\_\_.

**Form 1** Massachusetts Resident Income Tax Return**2004**

FIRST NAME	M.I.	LAST NAME	1. YOUR SOCIAL SECURITY NUMBER	
SPOUSE'S FIRST NAME	M.I.	LAST NAME	2. SPOUSE'S SOCIAL SECURITY NUMBER	
ADDRESS		CITY/TOWN/POST OFFICE	STATE	ZIP + 4

If name/address has changed since 2003, fill in oval: ☐ If taxpayer(s) is deceased, fill in appropriate oval(s) (see instr.): 1. ☐ 2. ☐State Election Campaign Fund (this contribution will not change your tax or reduce your refund) ☐ \$1 You ☐ \$1 Spouse, if filing jointly Total ► \$ **1 Filing status: (select one only)** ☐ Single ☐ Married filing joint return ☐ Married filing separate return. (Enter spouse's Soc. Sec. number in the appropriate space above.)  
☐ Head of household (see instructions) (both must sign return)**2 Exemptions:** ☐ Fill in if noncustodial parent ☐ Fill in if using whole-dollar methoda. Personal exemptions. If single or married filing separately, enter **\$3,300**. If head of household, enter **\$5,100**.If married filing jointly, enter **\$6,600**. . . . . a b. Number of dependents. (Do not include yourself or your spouse.) Enter number ►  × \$1,000 . . . . . b c. Age 65 or over before 2005: ☐ You ☐ Spouse. Enter number ►  × \$700 . . . . . c d. Blindness: ☐ You ☐ Spouse. Enter number ►  × \$2,200. . . . . d e. Other: 1. Medical/Dental ►  2. Adoption ►  1 + 2 = e 

From U.S. Schedule A, line 4

See instructions

f. Total exemptions. Add items a, b, c, d and e. Enter here and on line 18. . . . . ► 2f **3** Wages, salaries, tips and other employee compensation (from all Forms W-2) . . . . . ► 3 **4** Taxable pensions and annuities (see instructions) . . . . . ► 4 **5** Mass. bank interest: a. ►  (SUBJECT TO CHANGE) — b. exemption = 5 Exemption: if married filing jointly, subtract \$200 from Total; otherwise subtract \$100 & enter result.  
Not less than "0."

▼ If showing a loss, mark an X in box at left

**6** Business/profession or farm income/loss (enclose Mass. or U.S. Sch. C or C-EZ or U.S. Sch. F) ► 6 **7** Rental, royalty, REMIC, partnership, S corp., trust income/loss (enclose Massachusetts Sch. E) ► 7 **8** a. ►  + b. ►  . . . . . a + b = 8 

Unemployment Compensation

Massachusetts state lottery winnings

**9** Other income (alimony, taxable IRA/Keogh distr., winnings, fees) from Sch. X, line 5 (enclose Sch. X) ► 9 

Not less than "0."

**10** TOTAL 5.3% INCOME. Add lines 3 through 9. (Be sure to subtract any loss(es) in lines 6 or 7) . . . . . 10 **11** Amount paid to Social Security, Medicare, R.R., U.S. or Massachusetts retirement.  
Not more than \$2,000 per person. a. You ► + b. Spouse ►  a + b = 11 

▼ If showing a loss, mark an X in box at left

**12** Child under age 13, or disabled dependent/spouse care expenses (from worksheet in instructions) . . . . . ► 12 **13** Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/04, or disabled dependent(s) (only if single, head of household or married filing joint return and not claiming line 12).  
Not more than two: a. ►  × \$3,600 = . . . . . 13 **14** Rental deduction (rent paid in 2004): a. ►  ÷ 2 = . . . . . (Not more than \$3,000 (\$1,500 if married filing separately)) ► 14 **15** Other deductions from Schedule Y, line 9 (enclose Schedule Y) . . . . . ► 15 **SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature	Date	Print paid preparer's name	Preparer's SSN or PTIN
	/ /		► <input type="text"/>
Spouse's signature (if filing jointly)	Date	Paid preparer's phone	Paid preparer's EIN
	/ /	( )	► <input type="text"/>
May the Department of Revenue discuss this return with the preparer shown here? (see instructions) ► <input type="checkbox"/> Yes		► Paid preparer's signature	Date <input type="checkbox"/> Fill in if self-employed
			/ /

Attach, with a single staple, state copy of Forms W-2, W-2G and 1099 (showing Massachusetts withholding).





FIRST NAME

M.I.

LAST NAME

SOCIAL SECURITY NUMBER

**Schedule B Interest, Dividends and Certain Capital Gains and Losses****2004****Part 1. Interest and Dividend Income**

If you received any interest income other than interest from Massachusetts banks, or if you received more than \$1,500 in gross dividend income, or if you have certain capital gains/losses, or any adjustments to interest and dividend income, complete Schedule B (see instructions). Otherwise, enter dividends of \$1,500 or less on Form 1, line 20 or Form 1-NR/PY, line 24. In all cases enter 5.3% interest from Massachusetts banks on Form 1, line 5a or Form 1-NR/PY, line 7a.

<b>1</b>	Total interest income (from U.S. Form 1040 or 1040A, line 8a and line 8b; 1040EZ, line 2; or U.S. Telefile Tax Record, item C) .....	1	<input type="text"/>
<b>2</b>	Total ordinary dividends (from U.S. Schedule B, Part II, line 6, or U.S. Schedule 1, Part II, line 6. If U.S. Schedule B or U.S. Schedule 1 not filed, from U.S. 1040 or 1040A, line 9a) .....	2	<input type="text"/>
<b>3</b>	Other interest and dividends not included above ( <b>enclose</b> statement) .....	3	<input type="text"/>
<b>4</b>	Total interest and dividends. Add lines 1, 2 and 3 .....	4	<input type="text"/>
<b>5</b>	Total interest from Massachusetts banks (from Form 1, line 5a or Form 1-NR/PY, line 7a) .....	5	<input type="text"/>
<b>6</b>	Other interest and dividends to be excluded ( <b>enclose</b> statement) (this includes interest on U.S./ Commonwealth debt obligations and interest and dividends taxed directly to Mass. estates and trusts) ...	6	<input type="text"/>
<b>7</b>	Subtotal: Line 4 minus lines 5 and 6. Not less than "0" .....	7	<input type="text"/>
<b>8</b>	Allowable deductions from your trade or business (from Mass. Schedule C-2). See instructions .....	8	<input type="text"/>
<b>9</b>	Subtotal: Subtract line 8 from line 7. Not less than "0." If you have no short-term capital gains or losses, long-term gains on collectibles and pre-1996 installment sales, short-term gains or losses from the sale, exchange or involuntary conversion of property used in a trade or business, allowable deductions from your trade or business against short-term capital gains, carryover short-term losses from prior years, net long-term capital losses, or excess exemptions, omit lines 10-37. Enter this amount in line 38 and on Form 1, line 20 or Form 1-NR/PY, line 24, and omit lines 39 and 40. Otherwise, complete Parts 2, 3 and 4 .....	9	<input type="text"/>

**Part 2. Short-Term Capital Gains/Losses & Long-Term Gains on Collectibles**

<b>10</b>	Short-term capital gains (included in U.S. Schedule D, lines 1, 2, 4 and 5, column (f)) .....	10	<input type="text"/>
<b>11</b>	Long-term capital gains on collectibles and pre-1996 installment sales (from Massachusetts Schedule D, line 11) .....	11	<input type="text"/>
<b>12</b>	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797) .....	12	<input type="text"/>
<b>13</b>	Add lines 10 through 12 .....	13	<input type="text"/>
<b>14</b>	Allowable deductions from your trade or business (from Mass. Schedule C-2). See instructions .....	14	<input type="text"/>
<b>15</b>	Subtotal: Subtract line 14 from line 13. Not less than "0" .....	15	<input type="text"/>
<b>16</b>	Short-term capital losses (included in U.S. Schedule D, lines 1, 2, 4 and 5, column (f)) .....	16	<input checked="" type="checkbox"/> <input type="text"/>
<b>17</b>	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797) .....	17	<input checked="" type="checkbox"/> <input type="text"/>
<b>18</b>	Prior short-term unused losses for years beginning after 1981 (from 2003 Massachusetts Schedule B, line 40) .....	18	<input checked="" type="checkbox"/> <input type="text"/>
<b>19</b>	Combine lines 15 through 18. If "0" or greater, omit lines 20 through 23 and enter this amount in line 24. If less than "0," complete line 20 .....	19	<input checked="" type="checkbox"/> <input type="text"/>
<b>20</b>	Short-term losses applied against interest and dividends. Enter the smaller of line 9 or line 19 (considered as a positive amount). Not more than \$2,000 .....	20	<input type="text"/>

▼ If showing a loss, mark an X in box at left

**BE SURE TO COMPLETE SCHEDULE B, PARTS 3 AND 4, ON OTHER SIDE.**



SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--	--

<b>21</b>	Available short-term losses. Combine lines 19 and 20. See instructions. . . . .	21	<input checked="" type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>22</b>	Short-term losses applied against long-term gains. See instructions . . . . .	22		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>23</b>	Short-term losses available for carryover in 2005. Combine lines 21 and 22 and enter result here and in line 40, omit lines 24 through 28, and complete Parts 3 and 4. . . . .	23	<input checked="" type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>24</b>	Short-term gains and long-term gains on collectibles. Enter amount from line 19. See instructions. . . .	24		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>25</b>	Long-term losses applied against short-term gain. See instructions . . . . .	25		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>26</b>	Subtotal. Subtract line 25 from line 24 . . . . .	26		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>27</b>	Long-term gains deduction. Complete only if lines 11 and 26 are greater than "0." If line 11 shows a gain, enter 50% of line 11 minus 50% of losses in lines 16, 17, 18 and 25, but not less than "0" . . . .	27		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>28</b>	Short-term gains after long-term gains deduction. Subtract line 27 from line 26 . . . . .	28		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles</b>														
<b>29</b>	Enter the amount from line 9 . . . . .	29		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>30</b>	Short-term losses applied against interest and dividends. Enter the amount from line 20 . . . . .	30		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>31</b>	Subtotal interest and dividends. Subtract line 30 from line 29. See instructions . . . . .	31		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>32</b>	Long-term losses applied against interest and dividends (from worksheet in instructions) . . . . .	32		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>33</b>	Adjusted interest and dividends. Subtract line 32 from line 31 . . . . .	33		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>34</b>	Enter the amount from line 28 . . . . .	34		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>Part 4. Taxable Interest, Dividends and Certain Capital Gains</b>														
<b>35</b>	Adjusted gross interest, dividends and certain capital gains. Add lines 33 and 34 . . . . .	35		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>36</b>	Excess exemptions (from worksheet in instructions) only if single, head of household or married filing jointly and Form 1, line 18 is greater than Form 1, line 17 or Form 1-NR/PY, line 22 is greater than Form 1-NR/PY, line 21 . . . . .	36		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>37</b>	Subtract line 36 from line 35. Not less than "0" . . . . .	37		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>38</b>	If line 37 is greater than or equal to line 9, enter the amount from line 9 here and on Form 1, line 20 or Form 1-NR/PY, line 24. If line 37 is less than line 9, enter the amount from line 37 here and on Form 1, line 20 or Form 1-NR/PY, line 24. . . . .	38		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>39</b>	Taxable 12% capital gains. Subtract line 38 from line 37. Not less than "0." Enter result here and on Form 1, line 23a or Form 1-NR/PY, line 27a . . . . .	39		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>40</b>	Available short-term losses for carryover in 2005. Enter amount from line 23. If line 23 was not completed, enter "0". . . . .	40	<input checked="" type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

▼ If showing a loss, mark an X in box at left



ons ..... 9

s. **See instructions** ..... 10

and pre-1996 installment sales. See instructions. Also enter

ne 11 ..... 11

(SUBJECT TO CHANGE)

ine 10. **See instructions** ..... 12



Ovals must be filled in completely. Example: If any line shows a loss, mark an X in box at left of the line.

## Schedule C Massachusetts Profit or Loss from Business

2004

FIRST NAME <div></div>	M.I. <div></div>	LAST NAME <div></div>	SOCIAL SECURITY NUMBER OF PROPRIETOR <div></div>
BUSINESS NAME <div></div>	EMPLOYER IDENTIFICATION NUMBER (if any) <div></div>		PRINCIPAL BUSINESS CODE (from U.S. Schedule C) <div></div>
MAIN BUSINESS OR PROFESSION, INCLUDING PRODUCT OR SERVICE <div></div>			NUMBER OF EMPLOYEES <div></div>
ADDRESS <div></div>			Accounting Method: <input type="radio"/> Cash <input type="radio"/> Accrual <input type="radio"/> Other (specify) _____
CITY/TOWN/POST OFFICE <div></div>			
STATE <div></div>			
ZIP <div></div>			

Did you materially participate in the operation of this business during 2004? (If "no," see line 33 instructions) ☐ Yes ☐ No

Did you claim the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 2004? ☐ Yes ☐ No

Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter such amount in line 32 and in Schedule B, line 3.

**Caution:** If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, fill in here. ☐

<b>1</b>	a. Gross receipts or sales	<div></div>	<b>1</b>	<div></div>
	b. Returns and allowances	<div></div>	<b>a - b = 1</b>	<div></div>
<b>2</b>	Cost of goods sold and/or operations (Schedule C-1, line 8)	<div></div>	<b>2</b>	<div></div>
<b>3</b>	Gross profit. Subtract line 2 from line 1	<div></div>	<b>3</b>	<div></div>
<b>4</b>	Other income. Do not include interest income (other than from Mass. banks) and dividends	<div></div>	<b>4</b>	<div></div>
<b>5</b>	Total income. Add line 3 and line 4	<div></div>	<b>5</b>	<div></div>
<b>6</b>	Advertising	<div></div>	<b>6</b>	<div></div>
<b>7</b>	Bad debts from sales or services	<div></div>	<b>7</b>	<div></div>
<b>8</b>	Car and truck expenses	<div></div>	<b>8</b>	<div></div>
<b>9</b>	Commissions and fees	<div></div>	<b>9</b>	<div></div>
<b>10</b>	Depletion	<div></div>	<b>10</b>	<div></div>
<b>11</b>	Depreciation and Section 179 deduction	<div></div>	<b>11</b>	<div></div>
<b>12</b>	Employee benefit programs (other than in line 17)	<div></div>	<b>12</b>	<div></div>
<b>13</b>	Insurance (other than health)	<div></div>	<b>13</b>	<div></div>
<b>14</b>	Interest:	<div></div>		
	a. mortgage interest paid to financial institutions	<div></div>		
	b. other interest	<div></div>	<b>a + b = 14</b>	<div></div>
<b>15</b>	Legal and professional services	<div></div>	<b>15</b>	<div></div>
<b>16</b>	Office expense	<div></div>	<b>16</b>	<div></div>
<b>17</b>	Pension and profit-sharing plans	<div></div>	<b>17</b>	<div></div>
<b>18</b>	Rent or lease: a. vehicles, machinery and equipment	<div></div>		
	b. other business property	<div></div>	<b>a + b = 18</b>	<div></div>

SOURCE SECURITY NUMBER							
			-		-		

<b>19</b>	Repairs and maintenance .....	19									
<b>20</b>	Supplies (not included on Schedule C-1) .....	20									
<b>21</b>	Taxes and licenses .....	21									
<b>22</b>	Travel .....	22									
<b>23</b>	a. Total meals and entertainment .....										
	b. Enter 50% of 23a subject to limitations. ....	a - b = 23									
<b>24</b>	Utilities .....	24									
<b>25</b>	Wages (before U.S. jobs credit) .....	25									
<b>26</b>	Other expenses .....	26									
<b>27</b>	Total expenses. Add lines 6 through 26. ....	27									
<b>28</b>	Tentative profit or loss. Subtract line 27 from line 5 .....	28	X								
<b>29</b>	Expenses for business use of your home .....	29									
<b>30</b>	Abandoned Building Renovation Deduction. ....	30									
<b>31</b>	Net profit or loss. Subtract total of line 29 & line 30 from line 28. If a profit, enter here and on Form 1, line 6 or Form 1-NR/PY, line 8. If a loss, complete line 33. ....	31	X								
<b>32</b>	Is interest (other than from Mass. banks) or dividend income reported on U.S. Sch. C, lines 1 and/or 6 or Sch. C-EZ, line 1? <input type="radio"/> Yes <input checked="" type="radio"/> No. If "yes," enter amount here and in Mass. Sch. B, line 3 .....	32									
<b>33</b>	If you have a loss, you must fill in the oval that describes your investment in this activity. If you filled in 33a, enter the loss on Form 1, line 6 or Form 1-NR/PY, line 8. If you filled in 33b, see instructions.										

☒ 33a. All investment at risk.  
☐ 33b. Some investment is not at risk.

## Schedule C-1 Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory: ☐ Cost ☐ Lower of cost or market ☐ Other (enclose explanation)

Was there any change in determining quantities, costs or valuations between opening and closing inventory? If yes, enclose explanation: ☐ Yes ☒ No

<b>1</b>	Inventory at beginning of year (if different from last year's closing inventory, enclose explanation) . . . . .	1	<input type="text"/>
<b>2</b>	a. Purchases . . . . .		<input type="text"/>
	b. Items withdrawn for personal use . . . . .		<input type="text"/>
		a - b = 2	<input type="text"/>
<b>3</b>	Cost of labor (do not include salary paid to yourself) . . . . .	3	<input type="text"/>
<b>4</b>	Materials and supplies . . . . .	4	<input type="text"/>
<b>5</b>	Other costs (enclose statement) . . . . .	5	<input type="text"/>
<b>6</b>	Add lines 1 through 5 . . . . .	6	<input type="text"/>
<b>7</b>	Inventory at end of year . . . . .	7	<input type="text"/>
<b>8</b>	Cost of goods sold and/or operations. Subtract line 7 from line 6. Enter here and on Schedule C, line 2. . . . .	8	<input type="text"/>





Failure to **enclose** this schedule will delay the processing of your return.

FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NUMBER

You, or your spouse if married filing jointly, must be at least 65 years of age before January 1, 2005 to qualify for this credit. Also, you must file as single, married filing jointly or head of household to qualify for this credit. If married filing separately, you do not qualify for this credit.

## Schedule CB Circuit Breaker Credit

Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

2004

ADDRESS OF PRINCIPAL RESIDENCE IN MASSACHUSETTS (DO NOT ENTER PO BOX)	CITY/TOWN	STATE	ZIP + 4

- 1 Living quarters status during 2004: ☐ Homeowner ☐ Renter (if you received any federal and/or state rent subsidy, or you rent from a tax-exempt entity, you do not qualify for the Circuit Breaker Credit; see instructions)  
Note: If you moved during the year, see reverse.
- 2 Homeowners only, enter assessed value of principal residence as of January 1, 2004. If over \$432,000, you do not qualify for this credit; see instructions ▶ 2

### INCOME CALCULATION

- 3 Massachusetts income (from line 19 of Schedule CB, line 3 worksheet on reverse) 3
- 4 Total Social Security benefits received 4
- 5 Pensions/annuities/IRA/Keogh distributions not taxed on your Massachusetts tax return 5
- 6 Cash public assistance 6
- 7 Massachusetts total income. Add lines 3 through 6 ▶ 7
- 8 Dependent(s) exemption amount (from Form 1, line 2b or Form 1-NR/PY, line 4b) 8
- 9 Age 65 or over exemption amount (from Form 1, line 2c or Form 1-NR/PY, line 4c) 9
- 10 Blindness exemption amount (from Form 1, line 2d or Form 1-NR/PY, line 4d) 10
- 11 Exemptions from income. Add lines 8 through 10 11
- 12 Qualifying income. Subtract line 11 from line 7 ▶ 12  
You do **not** qualify for the Circuit Breaker Credit if you are filing as "Single," and line 12 is greater than \$43,000; or you are filing as "Head of household," and line 12 is greater than \$54,000; or you are filing as "Married filing jointly," and line 12 is greater than \$64,000.

### CREDIT CALCULATION

- 13 If you filled in "Homeowner" in line 1, complete lines 13–20; if "Renter," skip to line 21.  
Real estate taxes paid in calendar year 2004 for your principal residence. See instructions 13
- 14 Adjustments to real estate taxes (from line 4 of Schedule CB, line 14 worksheet on reverse) 14
- 15 Subtract line 14 from line 13 15
- 16 If your principal residence is in Arlington, Avon, Easthampton, Hadley, Hatfield or Winchester, enter "0." If Matta-  
poisett or Webster, see instructions. Otherwise, enter 50% (.50) of water and sewer use charges paid in 2004 16
- 17 Add lines 15 and 16 17
- 18 Income threshold. Multiply line 12 by 10% (.10) 18
- 19 Subtract line 18 from line 17. If "0" or less, you do not qualify for this credit 19
- 20 Enter the lesser of line 19 or \$810 here and on Form 1, line 39 or Form 1-NR/PY, line 44 ▶ 20
- 21 If you filled in "Renter" in line 1, complete lines 21–24.  
Enter total amount of rent paid for your principal residence in 2004: a. 21  
Landlord's name and address \_\_\_\_\_
- 22 Income threshold. Multiply line 12 by 10% (.10) 22
- 23 Subtract line 22 from line 21. If "0" or less, you do not qualify for this credit 23
- 24 Enter the lesser of line 23 or \$810 here and on Form 1, line 39 or Form 1-NR/PY, line 44 ▶ 24



# Schedule CB Worksheets

## Schedule CB, Line 3 — Massachusetts Income Worksheet

**Part 1. Complete only if you only have 5.3% income reported on Form 1, line 10 or Form 1-NR/PY, line 12 or partnership, trust or S corporation income not reported on Form 1 or Form 1-NR/PY. Otherwise, enter "0" on line 6 and go to Part 2.**

1. Enter your total 5.3% income from Form 1, line 10 or Form 1-NR/PY, line 12. Not less than "0" . . . . .
2. Enter the total of Schedule Y, lines 1 through 5. . . . .
3. Subtract line 2 from line 1. Not less than "0" . . . . .
4. Enter total Massachusetts bank interest or the interest exemption amount, whichever is smaller, from Form 1, line 5a or line 5b or Form 1-NR/PY, line 7a or line 7b. . . . .
5. Enter any income from a partnership, trust or S corporation not reported on Form 1 or Form 1-NR/PY . . . . .

**Note:** If Form 1, line 10 or Form 1-NR/PY, line 12 is a loss, do not complete line 4 above. Instead, combine Form 1, line 10 or Form 1-NR/PY, line 12 with the smaller amount of total Massachusetts bank interest or the interest exemption amount. Enter the result in line 4 above, unless the result is a loss. If the result is a loss, enter "0."

6. Add lines 3 through 5. . . . .

**Part 2. Complete only if you have interest income (including tax-exempt interest) other than from Massachusetts banks, dividend income, short-term capital gains, long-term gains on collectibles and installment sales. Otherwise, enter "0" on line 11 and go to Part 3.**

7. Enter the amount from Schedule B, line 9. If there is no entry in Schedule B, line 9, enter the amount from Form 1, line 20 or Form 1-NR/PY, line 24. . . . .
8. Enter the amount from Schedule B, line 6. . . . .
9. Add lines 7 and 8. . . . .
10. Enter the amount from Schedule B, line 15. . . . .
11. Add lines 9 and 10. . . . .

**Note:** If you moved during the year you may have to complete separate computations for each residence that would qualify for the credit. On Schedule CB you should complete separate computations for each residence for lines 13 through 17 and/or line 21. The income threshold (line 18 or 22) should be subtracted from the total of these computations to determine if you qualify for the credit.

**Part 3. Complete only if you have long-term capital gains or capital gain distributions. Otherwise, enter "0" on line 17 and go to Part 4.**

12. Enter any gains (not including any losses) included in U.S. Schedule D, line 8, column f . . . . .
13. Enter any gains (not including any losses) included in U.S. Schedule D, line 9, column f . . . . .
14. Enter any gains (not including any losses) included in U.S. Schedule D, line 11, column f . . . . .
15. Enter any gains (not including any losses) included in U.S. Schedule D, line 12, column f . . . . .
16. Enter any gains included in U.S. Schedule D, line 13, column f. If U.S. Schedule D not filed, enter the amount from U.S. Form 1040, line 13a or 1040A, line 10a . . . . .
17. Add lines 12 through 16. . . . .

## Part 4. Massachusetts total income.

18. Part-year residents, enter any income earned while a nonresident not included in lines 1 through 17 above. Not less than "0" . . . . .
19. Add lines 6, 11, 17 and 18. Enter the result here and on Schedule CB, line 3. . . . .

\* Add back any Abandoned Building Renovation deduction claimed on Schedule(s) C and/or E.

## Schedule CB, Line 14 — Adjustments to Real Estate Taxes Paid Worksheet

1. Enter the amount of any real estate tax abatement, including senior work program, or exemption received in 2003. Do not exclude amounts if they were already reflected on your tax bill and you did not pay them . . . . .
2. Enter any interest amount paid due to late real estate tax payments in 2004. . . . .
3. Enter the amount of any betterment or special assessment paid in 2004. . . . .
4. Add lines 1 through 3. Enter result here and on Schedule CB, line 14. . . . .

Failure to **enclose** these schedules will delay the processing of your return.

FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NUMBER

**Note:** If reporting other income on Form 1, line 9 or Form 1-NR/PY, line 11 and/or claiming other deductions on Form 1, line 15, or Form 1-NR/PY, line 19 and/or claiming other credits on Form 1, line 29 or Form 1-NR/PY, lines 33 or 34 you must complete and enclose the following schedule(s) with your return.

## Schedule X Other Income

Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

2004

1	Alimony received (from U.S. return) (full- and part-year residents only; see instructions) . . . . .	▶ 1									
2	Taxable IRA/Keogh and Roth IRA conversion distributions (from worksheet in instructions) . . . . .	▶ 2									
3	<b>Other gambling winnings. Not less than "0."</b> Gambling losses are not deductible under Mass. law. . . ▶ 3 (sources other than Massachusetts state lottery; report Massachusetts state lottery winnings on Form 1, line 8b or Form 1-NR/PY, line 10b)										
4	Fees and other 5.3% income. <b>Not less than "0"</b> . . . . .	▶ 4									
5	Total other 5.3% income. Add lines 1 through 4. <b>Not less than "0."</b> Enter here and on Form 1, line 9 or Form 1-NR/PY, line 11. . . . .	▶ 5									

## Schedule Y Other Deductions

Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

1	Allowable employee business expenses (from worksheet in instructions). (Non-residents and part-year residents, this deduction must be related to income reported on Form 1-NR/PY) . . . . .	▶ 1									
2	Penalty on early savings withdrawal (from U.S. return). (Nonresidents and part-year residents, this deduction must be related to income reported on Form 1-NR/PY) . . . . .	▶ 2									
3	Alimony paid (from U.S. return). Part-year residents, enter the amount paid while a Massachusetts resident; nonresidents, multiply alimony paid by line 14g of Form 1-NR/PY . . . . .	▶ 3									
4	Amounts excludable under MGL Ch. 41, sec. 111F or U.S. tax treaty included in Form 1, line 3 or Form 1-NR/PY, line 5. Fill in applicable oval below . . . . .	▶ 4									
	<input type="radio"/> Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F										
	<input type="radio"/> Income exempt under U.S. tax treaty										
5	<b>See instructions.</b> <input type="radio"/> Student loan interest deduction (only if not claiming the same expenses in line 8) <input type="radio"/> Medical savings account deduction <input type="radio"/> Moving expenses <input type="radio"/> Self-employed health insurance deduction (see instructions) <input type="radio"/> Certain qualified deductions from U.S. Form 1040 (see instructions) . . . . . Total	▶ 5									
6	Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6 (see instructions) . . . . .	▶ 6									
7	College Tuition Deduction (from worksheet in instructions) . . . . .	▶ 7									
8	Undergraduate student loan interest deduction (only if not claiming the same expenses in line 5; see instructions) . . . . .	▶ 8									
9	Commuter deduction (from worksheet in instructions) . . . . .	▶ 9									
10	Total other deductions. Add lines 1–9. Enter here and on Form 1, line 15 or Form 1-NR/PY, line 19 . . .	▶ 10									

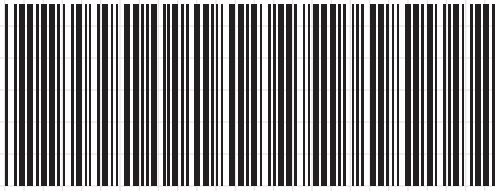
## Schedule Z Other Credits

Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

<b>Part 1. Credits</b>		
1	<input type="radio"/> Lead Paint <input type="radio"/> Economic Opportunity Area <input type="radio"/> Full Employment Credit <input type="radio"/> Septic Credit <input type="radio"/> Brownfields <input type="radio"/> Low-Income Housing Credit	
Nonresidents and part-year residents, enter line 1 total on Form 1-NR/PY, line 33. Part-year residents, also complete line 2, if applicable. Full-year residents, complete lines 1 through 3. . . . . Total		▶ 1
<b>Part 2. Credits for Residents and Part-Year Residents Only</b>		
2	<input type="radio"/> Income tax paid to another state or jurisdiction. (Residents, complete worksheet in instructions; part-year residents, complete and enclose Schedule F.) Enter two-letter state or jurisdictional postal code (see instructions) ▶ <input type="text"/> ▶ <input type="text"/> ▶ <input type="text"/>	
<input type="radio"/> Energy Part-year residents, enter line 2 total on Form 1-NR/PY, line 34. Full-year residents, complete line 3. . . . . Total		▶ 2
3	Total credits. Full-year residents only, add lines 1 and 2. Enter the result here and on Form 1, line 29	▶ 3



<b>1</b>	Estate and trust income/loss (from U.S. Schedule E, Part III, line 37) . . . . .	1	
<b>2</b>	Massachusetts differences, explain: _____ . . . . .	2	
<b>3</b>	Subtotal. Combine line 1 and line 2. . . . .	3	
<b>4</b>	Abandoned Building Renovation Deduction. . . . .	4	
<b>5</b>	Massachusetts adjusted trust and estate income/loss. Subtract line 4 from line 3 . . . . .	5	
<b>6</b>	Estate or nongrantor-type trust income taxed on Massachusetts Form 2, if included in line 5 . . . . .	6	
<b>7</b>	Grantor-type trust and non-Massachusetts estate and trust income. Subtract line 6 from line 5. . . . .	7	
<b>8</b>	Interest (other than from Mass. banks) and dividends if included in line 7 (for Mass. Sch. B, line 3). . . . .	8	
<b>9</b>	Adjustments of 5.3% income ( <b>enclose</b> statement) . . . . .	9	
<b>10</b>	Subtotal. Combine line 8 and line 9. . . . .	10	
<b>11</b>	Income or loss from grantor-type trusts & non-Mass. estates & trusts. Subtract line 10 from line 7 . . . . .	11	



2003 Schedule INC XXXXXXXXXXXX

AREA RESERVED  
FOR 2-D BARCODE

FIRSTNAMEXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO

### Form W-2 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
TOTALS	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

### Form 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE INCOME
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XX-XXXXXXX	XXXXXXXXXX	XXXXXXXXXX
TOTALS	XXXXXXXXXX	XXXXXXXXXX

<b>a</b> Control number		22222		OMB No. 1545-0008			
<b>b</b> Employer identification number			<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		
<b>c</b> Employer's name, address, and ZIP code			<b>3</b> Social security wages		<b>4</b> Social security tax withheld		
			<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Employee's social security number			<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial      Last name			<b>11</b> Nonqualified plans		<b>12a</b> a c c a d e		
			<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> a c c a d e		
			<b>14</b> Other		<b>12c</b> a c c a d e		
					<b>12d</b> a c c a d e		
<b>f</b> Employee's address and ZIP code							
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	
-----		-----		-----		-----	

Form **W-2** **Wage and Tax Statement**  
**Copy 1—For State, City, or Local Tax Department**

2004

Department of the Treasury—Internal Revenue Service











☐ CORRECTED (if checked)

OMB No. 1545-0238

2004

**Form W-2G**

**Certain  
Gambling  
Winnings**

PAYER'S name, address, ZIP code, Federal identification number, and telephone number	1 Gross winnings	2 Federal income tax withheld
	3 Type of wager	4 Date won : : : :
	5 Transaction	6 Race
	7 Winnings from identical wagers	8 Cashier
WINNER'S name, address (including apt. no.), and ZIP code	9 Winner's taxpayer identification no.	10 Window
	11 First I.D.	12 Second I.D.
	13 State/Payer's state identification no.	14 State income tax withheld
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.		
Signature ►		Date ►

**Copy 2**  
**Attach this copy**  
**to your state**  
**income tax return,**  
**if required.**

Form **W-2G**

Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
		\$		<div style="font-size: 2em; font-weight: bold;">2004</div>			
		2a Taxable amount					
		\$		Form <b>1099-R</b>		<b>Copy 1 For State, City, or Local Tax Department</b>	
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld			
		\$		\$			
RECIPIENT'S name   Street address (including apt. no.)   City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
		\$		\$			
		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other		
				\$		%	
		9a Your percentage of total distribution %		9b Total employee contributions			
		\$		\$			
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		12 State distribution	
		\$				\$	
		\$				\$	
		13 Local tax withheld		14 Name of locality		15 Local distribution	
		\$				\$	
		\$				\$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
		\$		<div style="font-size: 2em; font-weight: bold;">2004</div>			
		2a Taxable amount					
		\$		Form <b>1099-R</b>		<b>Copy 1 For State, City, or Local Tax Department</b>	
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld			
		\$		\$			
RECIPIENT'S name   Street address (including apt. no.)   City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
		\$		\$			
		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other		
				\$		%	
		9a Your percentage of total distribution %		9b Total employee contributions			
		\$		\$			
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		12 State distribution	
		\$				\$	
		\$				\$	
		13 Local tax withheld		14 Name of locality		15 Local distribution	
		\$				\$	
		\$				\$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
		\$		<div style="font-size: 2em; font-weight: bold;">2004</div>			
		2a Taxable amount					
		\$		Form <b>1099-R</b>		<b>Copy 1 For State, City, or Local Tax Department</b>	
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld			
		\$		\$			
RECIPIENT'S name   Street address (including apt. no.)   City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
		\$		\$			
		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other		
				\$		%	
		9a Your percentage of total distribution %		9b Total employee contributions			
		\$		\$			
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		12 State distribution	
		\$				\$	
		\$				\$	
		13 Local tax withheld		14 Name of locality		15 Local distribution	
		\$				\$	
		\$				\$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
		\$		<div style="font-size: 2em; font-weight: bold;">2004</div>			
		2a Taxable amount					
		\$		Form <b>1099-R</b>		<b>Copy 1 For State, City, or Local Tax Department</b>	
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld			
		\$		\$			
RECIPIENT'S name   Street address (including apt. no.)   City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
		\$		\$			
		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other		%	
				\$			
		9a Your percentage of total distribution %		9b Total employee contributions			
				\$			
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		12 State distribution	
		\$				\$	
		\$				\$	
		13 Local tax withheld		14 Name of locality		15 Local distribution	
		\$				\$	
		\$				\$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service



☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
		\$		<div style="font-size: 2em; font-weight: bold;">2004</div>			
		2a Taxable amount					
		\$		Form <b>1099-R</b>		<b>Copy 1 For State, City, or Local Tax Department</b>	
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld			
		\$		\$			
RECIPIENT'S name   Street address (including apt. no.)   City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
		\$		\$			
		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other		%	
				\$			
		9a Your percentage of total distribution %		9b Total employee contributions			
				\$			
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		12 State distribution	
		\$				\$	
						\$	
		13 Local tax withheld		14 Name of locality		15 Local distribution	
		\$				\$	
						\$	


Form **1099-R**

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.	1 Unemployment compensation	OMB No. 1545-0120
	\$	<b>2004</b>
	2 State or local income tax refunds, credits, or offsets	
	\$	Form <b>1099-G</b>

**Certain  
Government  
Payments**

PAYER'S Federal identification number	RECIPIENT'S identification number	3 Box 2 amount is for tax year	4 Federal income tax withheld \$
RECIPIENT'S name  Street address (including apt. no.)  City, state, and ZIP code		5 	6 Taxable grants \$
		7 Agriculture payments \$	8 Box 2 is trade or business income <input type="checkbox"/>
		Account number (optional)	

**Copy B  
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-G**

(keep for your records)

Department of the Treasury - Internal Revenue Service